

**IOWA CERTIFIED LOCAL GOVERNMENT
2008 ANNUAL REPORT**

CLG Participating City, County and Land Use District Profile

NAME OF THE CITY, COUNTY, OR LAND USE DISTRICT: CITY OF COUCIL BLUFFS

Mailing Address of the Mayor, Board of Supervisors, or Land Use District Trustees (DO NOT GIVE MAILING ADDRESS OF STAFF OR COMMISSION CONTACT):
Thomas P. Hanafan, Mayor, 209 Pearl Street, Council Bluffs, IA 51503

Phone Number: (712) 328-4601

Fax Number: (712) 328-4695

Email: N/A

Website: www.councilbluffs-ia.gov.

Section I.

Locating Historic Properties

Identification, Evaluation, and Registration Activity

CLG Standards found in CLG Agreement and National Historic Preservation Act

- ◆ The CLG shall maintain a system for the survey and inventory of historic and prehistoric properties in a manner consistent with and approved by the STATE.
- ◆ The CLG will review National Register nominations on any property that lies in the jurisdiction of the local historic preservation commission.

1. Please provide complete reports and site inventory forms from historic identification/survey, evaluation, and/or registration/nomination projects that the City, County, or Land Use District completed in 2008. Do not include projects that were funded with a CLG grant or mandated by the Section 106 review and compliance process.

N/A

2. How many NRHP Properties in your City, County, or LUD were altered, moved, or demolished in 2008? 11 altered

Please list in the space below those NRHP properties altered, moved or demolished:

215 S. Main Street	146 W. Broadway	100 W. Broadway
130 W. Broadway	154 W. Broadway	162-164 W. Broadway
128 W. Broadway	527 S. Main Street	106 W. Broadway
142 W. Broadway	521-523 S. Main Street	

3. In 2008, how many additional properties (landmarks, sites, zones, or districts) did your city place on its list of locally designated historic landmarks and/or historic districts? Please attach a copy of each designation nomination and ordinance. N/A

4. In 2008, were there any actions to revise, amend, change, or de-list a locally designated property? If so, how many? Please attach documentation of the review and appeal process and decisions made by the historic preservation commission, planning and zone commission, city Council, District Court or other governmental agency or official involved with the process. N/A

Section II

Managing, Protecting, and Preserving Historic Properties

- ◆ The CLG will enforce all appropriate state and local ordinances for designating and protecting historic properties
- ◆ The CLG shall provide for adequate public participation in the local historic preservation programs

5. Did your city, county, LUD or its historic preservation commission undertake any of the following activities in 2008? Please think broadly about this question and include any activity (small or large) that facilitated historic preservation in your community.

- a. Historic preservation planning. Examples include the development or revision of an preservation plan, development of a work plan for your commission, etc. (use additional pages if needed) N/A

- b. Provided technical assistance on historic preservation issues or projects. Examples include working with individual homeowners, business owners, institutions to identify appropriate treatments and find appropriate materials, research advice, etc. (use additional pages if needed) The Chairperson served on a committee to help select historic 'postcard themes' and 'historic local advertisements' for use in the downtown streetscape project. Postcards and advertisements will be printed on ceramic tiles and incorporated into vertical masonry columns and walls throughout the project, including the 100 Block of West Broadway Historic District. The entire Commission was involved in the review of the streetscape plan.

- c. Undertook educational programming in historic preservation. Examples include training sessions offered to the public, walking tours, open houses, lectures, Preservation Month activities, etc. (use additional pages if needed) Staff participated in leading downtown walking tours of the mosaic tiles located in the existing downtown streetscape and explained the historical significance depicted

in the selected tiles. The walking tour was part of a public art conference held in Council Bluffs.

The Commission participated in Preservation Month activities by honoring a local historic building owner and contractor for his work and dedication in restoring buildings in downtown including the Haymarket Historic District.

6. If the city or county amended its historic preservation ordinance or resolution or passed additional ordinances or resolutions that impact historic properties, please attach copies of the amendments and new ordinances or resolutions. N/A

7. If new or revised design standards and/or guidelines were developed and adopted during 2008, please attach a copy. N/A

8. Are there any particular issues, challenges, and/or successes your preservation commission has encountered or accomplished this year? Difficulty with design review of buildings proposed for renovation that will require the addition or replacement of second story emergency exits. Appropriate material selections/design while still complying with building/fire/safety codes.

Section III Historic Preservation Program Administration

- The CLG will organize and maintain a historic preservation commission, which must meet at least three times per year.
- The commission will be composed of community members with a demonstrated positive interest in historic preservation, or closely related fields, to the extent available in the community.
- The commission will comply with Iowa Code Chapter 21 in its operations.
- Commission members will participate in state sponsored or approved historic preservation training activities.

10. List dates of meetings held. Jan 2; Feb 6; April 2; May 7; June 4; July 9; Aug 6; Sept 3; Oct 1; Nov 5

11. Please update the attached CLG Personnel Information Table.
Included

12. Please attach biographical sketches or resumes of commissioners who were newly appointed in 2008.

N/A

13. Please complete the 2008 Commission Training Table.

PLEASE SIGN and DATE

Name of person who completed this report *Date*

Mayor or Chairman of the Board of Supervisors *Date*

IF SUBMITTING ELECTRONICALLY, MAIL ONE (1) HARD COPY OF THIS PAGE.

IF SUBMITTING PAPER/HARD COPY, MAIL ONE (1) HARD COPY OF THE REPORT.

Paula A. Mohr
Historic Preservation Office
Historical Building
600 East Locust St,
Des Moines IA 50319-0290
Paula.mohr@iowa.gov

2007 Historic Preservation Training Table

In this table, provide information about the commissioners' involvement in historic preservation training, listing the name of the conference, workshop or meeting; the sponsoring organization; the location and date when the training occurred. Be sure to provide the names of commissioners, staff, and elected officials who attended.

Name of Training Session: Historic Home, Town History and Scenic Overlook Tour
Sponsoring organization: Iowa Downtown Summit, IDED
Location: Council Bluffs, IA, 100 Block West Broadway Historic District
Date: 8/28/07
Names of historic preservation commissioners, staff and elected officials who attended:
Cal Petersen

Name of Training Session: Historic Downtown Streetscape tour
Sponsoring organization: Iowa Downtown Summit, IDED
Location: Council Bluffs, IA: Haymarket Historic Commercial District
Date: 8/28/07
Names of historic preservation commissioners, staff and elected officials who attended:
Cal Petersen, Rose Brown

Name of Training Session:
Sponsoring organization:
Location:
Date:
Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:
Sponsoring organization:
Location:
Date:
Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:
Sponsoring organization:
Location:
Date:
Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:
Sponsoring organization:
Location:
Date:
Names of historic preservation commissioners, staff and elected officials who attended:

Biographical Sketch
Applicant for Historic Preservation Commission

By regular mail.

2007-2008 CLG Personnel Table

A. Please list the names of the Historic Preservation Commissioners who served during 2007: Roxanne Johnson, Phyllis Otto, Matt Johnson, Calvin Petersen, Patricia Murphy, Sally Madsen, Anne McKeown

B. CHIEF ELECTED OFFICIAL 2007

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr. Mr.

First Name: Thomas

Initial: P.

Last Name: Hanafan

CHIEF ELECTED OFFICIAL 2008

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr. same as above

First Name:

Initial:

Last Name:

C. STAFF PERSON FOR THE HISTORIC PRESERVATION COMMISSION

Mr. Mrs. Ms. Dr. Ms.

First Name: Rose

Initial: E.

Last Name: Brown

Job Title: Urban Planner

Mailing Address: City of Council Bluffs, Community Development Department
209 Pearl Street, Council Bluffs, IA 51503

Phone Number: 712-328-4629

Email Address: rbrown@councilbluffs-ia.gov

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes ☒ No

2008 HISTORIC PRESERVATION COMMISSION:

Please complete the following and provide information about the 2007 commission. Be sure to indicate how the individual wishes to be addressed (Mr., Mrs., Ms., Dr.). Please provide a work (circle W) or a home (circle H) mailing address, work (circle W) or a home (circle H) phone number and work (circle W) or a home (circle H) email address. Please provide new or updated information on past and present: profession, employment, training, preservation skills including ownership of a historic property (Past or present: profession/employment, preservation skills, historic property owner). If the commissioner represents a locally designated district, provide the name of the district (Representative, Name of Historic District). Specify the month, day, and year that the commissioner's term will end (Term Ends). If a commission member serves as contact with the State Historic Preservation Office for the Commission, please mark the check off box below that individual's name.

CHAIRPERSON/COMMISSIONER

First Name Calvin

Initial

Last Name: Petersen

Mailing Address: 20 Circle Drive, Council Bluffs, IA 51503

Home Phone Number: 712-328-0321

Work Phone Number:

Email Address: calvin-karen@hotmail.com

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Dec. Day 31 Year 2008

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No x

VICE CHAIRPERSON/COMMISSIONER

Mr. Mrs. Ms. Dr. Mrs.

First Name Roxanne

Initial

Last Name: Johnson

Mailing Address: 2025 Hunt Avenue, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-322-1673

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:
Council Bluffs Fire Marshall, Retired

Representative, Name of Historic District:

Term Ends: Month Dec Day 31 Year 2009

Please indicate if this person serves as the Contact with the State Historic Preservation
Office for the Commission. Circle Yes No x

~~SECRETARY~~/COMMISSIONER

First Name Matt

Initial

Last Name: Johnson

Mailing Address: 114 West Broadway, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-322-0306

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:
Business owner, historic property owner: 100 Block of West Broadway district

Representative, Name of Historic District:

Term Ends: Month Dec Day 31 Year 2008

Please indicate if this person serves as the Contact with the State Historic Preservation
Office for the Commission. Circle Yes No x

COMMISSIONER

First Name Sally

Initial

Last Name: Madsen

Mailing Address: 534 Oakland Avenue, Council Bluffs, IA 51503

Home Phone Number: 712-322-0235

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Historic property owner: Lincoln Fairview Historic District

Representative, Name of Historic District:

Term Ends: Month Dec Day 31

Year 2008

Please indicate if this person serves as the Contact with the State Historic Preservation
Office for the Commission. Circle Yes No x

COMMISSIONER

First Name Phyllis

Initial

Last Name: Otto

Mailing Address: 468 Elmwood Drive, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-328-3133

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Dec Day 31

Year 2009

Please indicate if this person serves as the Contact with the State Historic Preservation
Office for the Commission. Circle Yes No x

COMMISSIONER

First Name Beth

Initial

Last Name: Lindquist

Mailing Address: 105 Applewood Court, Council Bluffs, IA 51503

Home Phone Number: 712-323-7641

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Dec Day 31 Year 2010

Please indicate if this person serves as the Contact with the State Historic Preservation
Office for the Commission. Circle Yes No x

COMMISSIONER

First Name Alisa

Initial

Last Name: Roth

Mailing Address: 138 West Broadway, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-256-3156

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:
Business owner located in the 100 Block of West Broadway Historic District

Representative, Name of Historic District:

Term Ends: Month Dec Day 31 Year 2010

Please indicate if this person serves as the Contact with the State Historic Preservation
Office for the Commission. Circle Yes No x